Kentucky Board of Nursing 312 Whittington Parkway Louisville, Kentucky 40222-5172

Nursing Faculty Update

Program of Nursing:_____

Facult	у Т [,]	ype	Code:	

- A Administrator (Program)
- B Didactic Faculty
- C Clinical Instructor
- D Dean

KBN #: _____

Remove The Following Faculty Members from Active List										
Faculty Type	Last Name, First Name	License#	Date of Initial Appointment MM/YY	Termination Date MM/YR	Nursing Degree & Other Degree (i.e., MSN; EdD)	Employment Status- FT or PT	Indicate if more than 1 program ADN, BSN, MSN (Ex. 50% BSN; 50% ADN)			
Add :	Add the Following Faculty Members to the Active List* (must complete a Nurse Faculty Form for each)									
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Chan	<u>ge</u> tne Status of Facu	iity wember	on the Act	ive List -	- e.g., tuii-tin	ne to part-	·time			
	the Following Faculty ge the Status of Facu									

Rev: 7/2016